

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011806

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 179Primary Registration District No. 5667Registrar's No. 44

FILED APR 10 1962

1. PLACE OF DEATH

a. COUNTY Lincolnb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN TroyLength of stay in lb
2 Weeksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lincoln Co. Memo. Hosp.Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.b. COUNTY St. Charlesc. CITY
OR TOWN ForistellInside Limits
Yes ☐ No ☒d. STREET
ADDRESS RR 1Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ZenoFrankWalterman4. DATE
OF DEATH

Month

Day

Year

April219625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
9/7/18909. AGE (last birthday)
71IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Farming10b. KIND OF BUSINESS OR INDUSTRY
Farmer11. BIRTHPLACE (City and state or country)
Foristell, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Bernard Walterman

13b. MOTHER'S MAIDEN NAME

Pauline Wilshire

14. NAME OF HUSBAND OR WIFE

Ruth M. Stansbury15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
[REDACTED]17. INFORMANT Foristell, Missouri
Mrs. Ruth M. Walterman RR 118. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

VENTRICULAR FIBRILLATIONConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

MYOCARDIAL INFARCTION

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH13 DAYSPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-20-62 to 4-2-62 and last saw him alive on 4-2-62
Death occurred at 6:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

ReBlackwell

22b. ADDRESS

Troy, Mo.

22c. DATE SIGNED

4-3-6223a. BURIAL, CREMATION,
REMOVAL (Specify)23b. DATE
4/5/1962

23c. NAME OF CEMETERY OR CREMATORY

St. Theodore Cemetery

23d. LOCATION (City, town, or county)

Flint Hill,Mo.

24. FUNERAL DIRECTOR

ADDRESS

T. E. Pitman Funeral Home
909 Pitman Ave. Wentzville, Mo.

25. DATE RECD. BY LOCAL REG.

4-3-1962

26. REGISTRAR'S SIGNATURE

Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard O. Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.